

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)**

BERIAL NO.

10/520971

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT		
1						
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TOTAL IND.		1				
TOTAL DEP.		4				
TOTAL CLAIMS		5				

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS